

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 139
Registered No. 291

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. Miami Inspiration Hospital Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Marguerite Lorraine Wilson
(If child is not yet named, make supplemental report, as directed.)3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Sept 18 1945
Month Day Year8. FATHER
Full name Ollie Joseph Wilson9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.10. Color or race White 11. Age at last birthday 38 (Years)12. Birthplace (city or place) Junction,
(State or country) Texas13. Occupation Undertaker
Nature of industry14. MOTHER
Full maiden name Loraine Myrtle Maxey15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.16. Color or race White 17. Age at last birthday 36 (Years)18. Birthplace (city or place) Chilton,
(State or country) Texas19. Occupation Housewife
Nature of industry20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 4:05 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller
M.D.
(Physician or midwife.)Given name added from a supplemental report _____
Month, day, year 465-918-348
RegistrarAddress Miami, Arizona
Filed Oct 10 1945 C. B. Dorn
Registrar